Under the Paperwork Re	duction Act of 1995, i	no person are re	quired to	espond to a collection				control numbe
Foes pursuant to the Consolidated Appropriations Act, 2009 (H.R. 4818).  FEE TRANSMITTAL  For FY 2007  Applicant claims small entity status. See 37 CFR 1 27				Complete if Known				
				/ ipplication (tamba)		September 24, 2001		
				· mmg sote		Anders LINDBERG		
						A Q Shang		
						2623		
TOTAL AMOUNT OF PAYMENT (\$) 1,240,00			Art Unit Attorney Docket		3372-0108P			
	Thomas position							
METHOD OF PAYME								
Check Credit	Card M	oney Order	Nor		please identify			
x Deposit Account D			2448			Birch, Stewa	rt, Kolasci	n & Birch,
For the above-ide	entified deposit a	count, the D	irector is					
x Charge fee	(s) indicated belo	w		Charge	e fee(s) indi	cated below, ex	xcept for th	e filing fee
X Charge any fee(s) unde	additional fee(s) r 37 CFR 1.16 ar	or underpay nd 1.17	ments o	x Credit	any overpa	yments		
FEE CALCULATION								
1. BASIC FILING, SEAR						17:0N FFF0		
		FILING FEES Small Entity		ARCH FEES Small Entity	EXAMIN	INATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$	Fee (\$)	Fee (\$)	Fee (\$)	Fees F	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES	5						Fee (\$)	Small Entity Fee (\$)
Fee Description Fach claim over 20 (including Reissues)							50	25
Fach independent claim over 3 (including Reissues)							200	100
Multiple dependent claims							360	180
Total Claims Extra Claims Fee (\$) Fee F				aid (\$) Multiple Dependent Claims				
41 -41 = x =			Fee (\$)			Fee Paid (\$)		
HP = highest number of total				Paid (\$)				-
	ra Claims Fe	e (\$)	Fee I	/aid (\$)				
HP = highest number of inde		or, if greater tha	n 3					
3. APPLICATION SIZE F								
If the specification and listings under 37 CF sheets or fraction the	R 1.52(e)), the a	pplication siz	e fee du	e is \$250 (\$125 f	onically file or small en	ed sequence or tity) for each a	computer dditional 50	)
Total Sheets	Extra Sheets	Number	of each a	dditional 50 or frac			Fee	Paid (\$)
- 100 =		50 =		(round up to a who	ile number) :	·		Paid (\$)
<ol> <li>OTHER FEE(S)         Non-Finglish Specific     </li> </ol>	ution \$130 fee	(no small en	tity disc	ount)			rees	raiu (a)
Other (e.g., late filing	surcharge) 180	1 Request	for con	tinued examinat sponse within s				0.00
SUBMITTED BY			_					
Signature . 1	113 2		50	Registration No (Attorney/Agent)	39,491	Telephone	(703) 20	5-8000
Signature 39,491 Telephone Name Print/Type Michael R Cammareta 39,491 Date						Date	August 22, 2007	
wilchae	Cammayar							